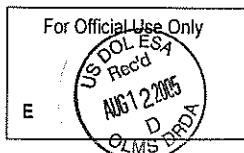


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>5554</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Christine</u> <u>M</u> <u>Simpkins</u> P.O. Box, Bldg., Room No., if any Street <u>1125 17th Street, N.W.</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20036</u>	4. Name, file number, and address of labor organization. Name <u>International Union of Operating Engineers</u> Labor Organization File Number <u>000-159</u> P.O. Box, Building and Room Number, if any Street <u>1125 17th Street, N.W.</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20036</u>
5. Position in labor organization. <u>Adm. Mgr. for the Brd of Trustees</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Christine M. Simpkins</u>	On <u>08/11/2005</u>	<u>202-778-2676</u>
	Date	Telephone Number

Name of Person Filing Christine Simpkins

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name The General Pension Plan of the IUOE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1125 17th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20036

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

The General Pension Plan (GPP) covers the officers/staff of the IUOE Local Unions and receives contributions (\$10.7 million in 2004) from such Locals; the GPP pays rent to the IUOE and reimburses certain administrative expenses including salaries, (Cont'd)

11.b. Approximate dollar value of such dealing.

\$11,000,000

12.a. Nature of interest held or income received.

Filer is employed by the IUOE and serves as the Administrative Manager of the GPP. The GPP reimburses the IUOE for the cost of the filer's salary and fringe benefits. For 2004, the amount of such reimbursement was \$71,225 for salary and (Cont'd)

12.b. Amount.

\$101,179

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Christine Simpkins

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Killian Asset Management Corporation

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1250 W. Northwest Highway-Suite 600

City Palatine

State Illinois ZIP Code + 4 60067

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Killian is an investment manager for the GPP. At the end of 2004, it had \$79,933,917 in GPP assets under management and its management fee for 2004 was \$347,018

11.b. Approximate dollar value of such dealing.

\$347,018

12.a. Nature of interest held or income received.

Filer and spouse attended dinner sponsored by Killian in January 2004. Killian has advised that each individual's pro rata portion of the dinner was approximately \$80-\$100.

12.b. Amount.

\$160

(Cont'd from page 2 - #11.a. Nature of such dealing)

fringe benefits, postage and phone (total of rent and all reimbursements for 2004 was approximately \$318,000).

(Cont'd from page 2 - #12.a. Nature of interest held or income dealing.)

\$26,906 for fringe benefits. In addition, the Fund reimbursed the filer for the cost of certain business lunches, dinners, travel and hotel expenses. In 2004, such reimbursements totaled \$3,048.